
State of Washington

**Behavioral Risk Factor Surveillance System
Questionnaire
1994**

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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Washington State Department of Health
Center for Health Statistics

1997 Behavioral Risk Factor Surveillance System Questionnaire

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ALL RESPONDENTS: The interview will only take a short time, and all the information obtained in this study will be confidential. IF NEEDED: Your name will not be used, but your responses will be grouped together with information from others participating in this study.

1. Would you say that in general your health is. . .READ 1-5

Excellent	1
Very good	2
Good	3
Fair	4
Or poor	5

Don't know/Not sure	6 (7)
Refused	7 (9)

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

DAYS: _____	
None	88
Don't know/Not sure	77
Refused	99

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

DAYS: _____	
None	88
Don't know/Not sure	77
Refused	99

IF CODE 88, BOTH Q.2 & 3, SKIP TO Q.5

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

DAYS: _____	
None	88
Don't know/Not sure	77
Refused	99

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare?

ASK Q.7 <-----	Yes	1
CONTINUE <-----	No	2
SKIP TO Q. 7<-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

6. About how long has it been since you had health care coverage? READ
1-5 ONLY IF NECESSARY
- | | |
|--|-------|
| Within the past 6 months (1 to 6 months ago) | 1 |
| Within the past year (6 to 12 months ago) | 2 |
| Within the past 2 years (1 to 2 years ago) | 3 |
| Within the past 5 years (2 to 5 years ago) | 4 |
| 5 or more years ago | 5 |
| ----- | |
| Never | 6 (8) |
| Don't know/Not sure | 7 |
| Refused | 8 (9) |
7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?
- | | |
|---------------------|-------|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 3 (7) |
| Refused | 4 (9) |
8. About how long has it been since you last visited a doctor for a routine checkup? READ 1-4 ONLY IF NECESSARY
- | | |
|--|-------|
| Within the past year (1 to 12 months ago) | 1 |
| Within the past 2 years (1 to 2 years ago) | 2 |
| Within the past 5 years (2 to 5 years ago) | 3 |
| 5 or more years ago | 4 |
| ----- | |
| Never | 5 (8) |
| Don't know/Not sure | 6 (7) |
| Refused | 7 (9) |
9. Have you ever been told by a doctor that you have diabetes? IF FEMALE, ASK: Was this only when you were pregnant?
- | | |
|----------------------------|-------|
| CONTINUE <----- Yes | 1 |
| Yes, only during pregnancy | 2 |
| SKIP TO Q.24 <----- No | 3 |
| Don't know/Not sure | 4 (7) |
| Refused | 5 (9) |
10. How old were you when you were told you have diabetes?
- | | |
|---------------------|----|
| Don't know/Not sure | 77 |
| Refused | 99 |
11. Are you now taking insulin?
- | | |
|------------------------|-------|
| CONTINUE <----- Yes | 1 |
| SKIP TO Q.14 <----- No | 2 |
| Refused | 3 (9) |

12. Currently, about how often do you use insulin?

	Use Insulin pump	333
SKIP TO Q.14 <-----	Don't know/Not sure	777
	Refused	999

13.	CODE	Per day	1	Per week	2
-----	------	---------	---	----------	---

14. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

	Never	888
SKIP TO Q.16 <-----	Don't know/Not sure	777
	Refused	999

15.	CODE	Per day	1	Per month	3
		Per week	2	Per year	4

16. Have you ever heard of glycosylated hemoglobin (*gli-KOS-ilated he-mo-glo-bin*) or hemoglobin "A one C"?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

17. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

	None	88
SKIP TO Q.20 <-----	Don't know/Not sure	77
	Refused	99

IF CODE 2, 3 OR 4, Q.16, SKIP TO Q.19

18. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin (*gli-KOS-ilated he-mo-glo-bin*) or hemoglobin "A one C"?

None	8
Don't know/Not sure	7
Refused	9

19. About how many times in the last year has a health professional checked your feet for any sores or irritations?

None	8
Don't know/Not sure	7
Refused	9

20. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light? READ 1-5 ONLY IF NECESSARY

Within the past month (0 to 1 month ago)	1
Within the past year (1 to 12 months ago)	2
Within the past 2 years (1 to 2 years ago)	3
2 or more years ago	4
Or never	5 (8)

Don't know/Not sure	6 (7)
Refused	7 (9)

21. I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them. How much of the time does your vision limit you in recognizing people or objects across the street? would you say. . .READ 1-5

22. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say. . .READ 1-5

23. How much of the time does your vision limit you in watching television? Would you say. . .READ 1-5

	Q.21	Q.22	Q.23
All of the time	1	1	1
Most of the time	2	2	2
Some of the time	3	3	3
A little bit of the time	4	4	4
Or none of the time	5	5	5

Don't know/Not sure	6 (7)	6 (7)	6 (7)
Refused	7 (9)	7 (9)	7 (9)

24. The next few questions are about exercise, recreation, or physical activities other than your regular job duties. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.36 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

25. What type of physical activity or exercise did you spend the most time doing during the past month?

CODING WILL CODE FROM LIST.

Aerobics	1	Rowing machine	9
Baseball/Softball	2	Running	A
Bicycle machine	3	Skiing, snow	B
Dancing	4	Skiing, water	C
Gardening, spading, weeding, digging, filling	5	Swimming	D
Hiking	6	Walking	E
Hunting	7	Other (SPECIFY:)	F
Jogging	8	Refused	G (99)
		Lawn moving/yard work	H

IF CODE G, SKIP TO Q.30

IF ANSWER TO Q.25 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ASK Q.26.
ALL OTHERS SKIP TO Q.27.

26. How far did you usually (walk)/(run)/(jog)/(swim)? SHOW IN MILES AND TENTHS IF POSSIBLE, EXAMPLE - 1 AND 1/10 MILE = 011, 1 AND 1/2 MILE = 015. IF UNSURE, RECORD AS GIVEN.

Miles and tenths _____
Don't know/Not sure 777
Refused 999

27. How many times per week or per month did you take part in this activity during the past month?

Number of times: _____
Don't know/Not sure 777
Refused 999

28. Per week 1 Per month 2

29. And when you took part in this activity, for how many minutes or hours did you usually keep at it? EXAMPLE: 1 HOUR 20 MINUTES = 120, 4 HOURS 45 MINUTES = 445, 6 HOURS 5 MINUTES = 605, 20 MINUTES = 020.

____ hrs. ____ min.
Don't know/Not sure 777
Refused 999

30. Was there another physical activity or exercise that you participated in during the last month?

CONTINUE <----- Yes 1
No 2
SKIP TO Q.36 <----- Don't know/Not sure 3 (7)
Refused 4 (9)

31. What other type of physical activity gave you the next most exercise during the past month

CODING WILL CODE FROM LIST.

Aerobics	1	Rowing machine	9
Baseball/Softball	2	Running	A
Bicycle machine	3	Skiing, snow	B
Dancing	4	Skiing, water	C
Gardening, spading, weeding, digging, filling	5	Swimming	D
Hiking	6	Walking	E
Hunting	7	Other (SPECIFY:)	F
Jogging	8	Refused	G (99)
		Lawn moving/yard work	H

IF CODE G, SKIP TO Q.36

IF ANSWER TO Q.31 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ASK Q.32.
ALL OTHERS SKIP TO Q.33.

32. How far did you usually (walk)/(run)/(jog)/(swim)? SHOW IN MILES AND TENTHS IF POSSIBLE, EXAMPLE - 1 AND 1/10 MILE = 011, 1 AND 1/2 MILE = 015. IF UNSURE, RECORD AS GIVEN.

Miles and tenths _____
Don't know/Not sure 777
Refused 999

33. How many times per week or per month did you take part in this activity?

Number of times: _____
Don't know/Not sure 777
Refused 999

34. Per week 1 Per month 2

35. And when you took part in this activity, for how many minutes or hours did you usually keep at it? EXAMPLE: 1 HOUR 20 MINUTES = 120, 4 HOURS 45 MINUTES = 445, 6 HOURS 5 MINUTES = 605, 20 MINUTES = 020.

_____hrs. _____min.
Don't know/Not sure 777
Refused 999

36. Have you smoked at least 100 cigarettes in your entire life? 5 PACKS = 100 CIGARETTES.

CONTINUE <----- Yes 1
| No 2
SKIP TO Q.43 <-----| Don't know/Not sure 3 (7)
| Refused 4 (9)

37. Do you smoke cigarettes now?

CONTINUE <-----Yes 1
SKIP TO Q.42 <-----No 2
SKIP TO Q.43 <-----Refused 3 (9)

38. On how many of the past 30 days did you smoke cigarettes?

SKIP TO Q.42 <-----None	88
Don't know/Not sure	77
Refused	99

IF LESS THAN 30, SKIP TO Q.40

39. On the average, about how many cigarettes a day do you now smoke? ONE
PACK = 20 CIGARETTES

Don't know/Not sure	77
Refused	99

SKIP TO Q.41

40. On the average, when you smoked during the past 30 days, about how many
cigarettes did you smoke a day? ONE PACK = 20 CIGARETTES

Don't know/Not sure	77
Refused	99

SKIP TO Q.43

41. During the past 12 months, have you quit smoking for 1 day or longer?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

SKIP TO Q.43

42. About how long has it been since you last smoked cigarettes regularly
(that is, daily)? READ 1-7 IF NECESSARY

Within the past month (0 to 1 month ago)	1
Within the past 3 months (1 to 3 months ago)	2
Within the past 6 months (3 to 6 months ago)	3
Within the past year (6 months to 12 months ago)	4
Within the past 5 years (1 year to 5 years ago)	5
Within the past 15 years (5 to 15 years ago)	6
15 or more years ago	7

Don't know/Not sure	8 (77)
Never smoked regularly	9 (88)
Refused	A (99)

43. These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home. How often do you drink fruit juices such as orange, grapefruit, or tomato?

SKIP TO Q.45 <-----	Never	555
	Don't know/Not sure	777
	_Refused	999

- | | | | | | |
|-----|------|----------|---|-----------|---|
| 44. | CODE | Per day | 1 | Per month | 3 |
| | | Per week | 2 | Per year | 4 |

45. Not counting juice, how often do you eat fruit?

SKIP TO Q.47 <-----	Never	555
	Don't know/Not sure	777
	_Refused	999

- | | | | | | |
|-----|------|----------|---|-----------|---|
| 46. | CODE | Per day | 1 | Per month | 3 |
| | | Per week | 2 | Per year | 4 |

47. How often do you eat green salad?

SKIP TO Q.49 <-----	Never	555
	Don't know/Not sure	777
	_Refused	999

- | | | | | | |
|-----|------|----------|---|-----------|---|
| 48. | CODE | Per day | 1 | Per month | 3 |
| | | Per week | 2 | Per year | 4 |

49. How often do you eat potatoes, not including french fries, fried potatoes, or potato chips?

SKIP TO Q.51 <-----	Never	555
	Don't know/Not sure	777
	_Refused	999

- | | | | | | |
|-----|------|----------|---|-----------|---|
| 50. | CODE | Per day | 1 | Per month | 3 |
| | | Per week | 2 | Per year | 4 |

51. How often do you eat carrots?

SKIP TO Q.53 <-----	Never	555
	Don't know/Not sure	777
	_Refused	999

- | | | | | | |
|-----|------|----------|---|-----------|---|
| 52. | CODE | Per day | 1 | Per month | 3 |
| | | Per week | 2 | Per year | 4 |

53. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (For example, a serving of vegetables at both lunch and dinner would be two servings.)

SKIP TO Q.55 <-----	Never	555
	Don't know/Not sure	777
	Refused	999

54.	CODE	Per day	1	Per month	3
		Per week	2	Per year	4

55. Are you now trying to lose weight?

SKIP TO Q.57 <-----	Yes	1
	No	2
CONTINUE <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

56. Are you now trying to maintain your current weight, that is to keep from gaining weight?

ASK Q.58 <-----	Yes	1
	No	2
SKIP TO Q.63 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

57. Are you eating either fewer calories or less fat to lose weight? *PROBE FOR WHICH

58. Are you eating either fewer calories or less fat to keep from gaining weight? *PROBE FOR WHICH

59.			Q.57	Q.58
	*Yes, fewer calories		1	1
	*Yes, less fat		2	2
	*Yes, fewer calories and less fat		3	3
	No		4	4
	Don't know/ Not sure		5 (7)	5 (7)
	Refused		6 (9)	6 (9)
			-----	-----
			SKIP TO Q.60	SKIP TO Q.61

60. Are you using physical activity or exercise to lose weight?

61. Are you using physical activity or exercise to keep from gaining weight?

62.		Q.60	Q.61
	Yes	1	1
	No	2	2
	Don't know/Not sure	3 (7)	3 (7)
	Refused	4 (9)	4 (9)

63. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? *PROBE FOR WHICH

*Yes, lose weight	1
*Yes, gain weight	2
*Yes, maintain current weight	3
No	4
Don't know/Not sure	5 (7)
Refused	6 (9)

64. What is your age?

Don't know/Not sure	_____ years	07
Refused		09

65. What is your race? Would you say. . .READ 1-5

White	1
Black	2
Asian, Pacific Islander	3
American Indian, Alaska Native	4
Or some other (SPECIFY)	5

Don't know/Not sure	6 (7)
Refused	7 (9)

66. Are you of Spanish/Hispanic origin?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

67. And are you . . . READ 1-6:

Married	1
Divorced	2
Widowed	3
Separated	4
Never been married	5
Or a member of an unmarried couple	6

Refused	7 (9)

How many children live in your household who are. . .READ

68. Less than 5 years old
69. 5 through 12 years old
70. 13 through 17 years old

One	1	1	1
Two	2	2	2
Three	3	3	3
Four	4	4	4
Five	5	5	5
Six	6	6	6
Seven or more	7	7	7
None	8	8	8
Refused	9	9	9

71. What is the highest grade or year of school you completed? READ ONLY IF NECESSARY.

Never attended school or kindergarten only	1
Grades 1 through 8 (Elementary)	2
Grades 9 through 11 (Some high school)	3
Grade 12 or GED (High school graduate)	4
College 1 year to 3 years (Some college or technical school)	5
College 4 years or more (college graduate)	6

Refused	7 (9)

72. Are you currently . . . READ 1-8

Employed for wages	1
Self-employed	2
Out of work for more than 1 year	3
Out of work for less than 1 year	4
A homemaker	5
A student	6
Retired	7
Or unable to work	8

Refused	9

73. Which of the following categories best describes your annual household income from all sources . . . READ 1-8

Less than \$10,000	1
\$10,000 to less than \$15,000	2
\$15,000 to less than \$20,000	3
\$20,000 to less than \$25,000	4
\$25,000 to less than \$35,000	5
\$35,000 to less than \$50,000	6
\$50,000 to \$75,000	7
Or Over \$75,000	8

Don't know/Not sure	9 (77)
Refused	A (99)

74. About how much do you weigh without shoes? RECORD BELOW. (EXAMPLE: 120 POUNDS = 120, 98 POUNDS = 098; ROUND FRACTIONS UP)

_____ pounds	
Don't know/Not sure	777
Refused	999

75. How much would you like to weigh? RECORD BELOW. (EXAMPLE: 120 POUNDS = 120, 98 POUNDS = 098)

_____ pounds	
Don't know/Not sure	777
Refused	999

76. About how tall are you without shoes? RECORD BELOW. (EXAMPLE: 5'2" = 502, 5'11" = 511; ROUND FRACTIONS DOWN)

	ft.	inches	
Don't know/Not sure			777
Refused			999

79. What county do you live in? (DON'T KNOW = 79, REFUSED = 80) (777,999)

1 Adams	21 Franklin	41 Lewis	61 Snohomish
3 Asotin	23 Garfield	43 Lincoln	63 Spokane
5 Benton	25 Grant	45 Mason	65 Stevens
7 Chelan	27 Grays Harbor	47 Okanogan	67 Thurston
9 Clallam	29 Island	49 Pacific	69 Wahkiakum
11 Clark	31 Jefferson	51 Pend Oreille	71 Walla Walla
13 Columbia	33 King	53 Pierce	73 Whatcom
15 Cowlitz	35 Kitsap	55 San Juan	75 Whitman
17 Douglas	37 Kittitas	57 Skagit	77 Yakima
19 Ferry	39 Klickitat	59 Skamania	

83. What is the zip code of your residence, that is, where you live? 9999 = DON'T KNOW/REFUSED

9 _ _ _ _

84. Do you have more than one telephone number in your household?

CONTINUE <-----	Yes	1
SKIP TO Q.87 <-----	No	2
	Refused	3

85. How many residential telephone numbers do you have?

One	1
Two	2
Three	3
Four	4
Five	5
Six	6
Seven	7
Eight or more	8
Refused	9

86. WILL SET CODE 2 INTO Q.84 IF CODE 1, Q.85

87. RECORD RESPONDENT'S SEX

SKIP TO Q.99 <-----	Male	1
CONTINUE <-----	Female	2

88. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.91 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

89. How long has it been since you had your last mammogram? READ 1-5 ONLY
IF NECESSARY

- | | |
|--|-------|
| Within the past year (1 to 12 months ago) | 1 |
| Within the past 2 years (1 to 2 years ago) | 2 |
| Within the past 3 years (2 to 3 years ago) | 3 |
| Within the past 5 years (3 to 5 years ago) | 4 |
| 5 or more years ago | 5 |
| ----- | |
| Don't know/Not sure | 6 (7) |
| Refused | 7 (9) |

90. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- | | |
|----------------------------------|-------|
| Routine checkup | 1 |
| Breast problem other than cancer | 2 |
| Had breast cancer | 3 |
| Don't know/Not sure | 4 (7) |
| Refused | 5 (9) |

91. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

- | | | |
|---------------------|---------------------|-------|
| ASK Q.92 <----- | Yes | 1 |
| | No | 2 |
| SKIP TO Q.94 <----- | Don't know/Not sure | 3 (7) |
| | Refused | 4 (9) |

92. How long has it been since your last breast exam? READ 1-5 ONLY IF NECESSARY

- | | |
|--|-------|
| Within the past year (1 to 12 months ago) | 1 |
| Within the past 2 years (1 to 2 years ago) | 2 |
| Within the past 3 years (2 to 3 years ago) | 3 |
| Within the past 5 years (3 to 5 years ago) | 4 |
| 5 or more years ago | 5 |
| ----- | |
| Don't know/Not sure | 6 (7) |
| Refused | 7 (9) |

93. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- | | |
|----------------------------------|-------|
| Routine checkup | 1 |
| Breast problem other than cancer | 2 |
| Had breast cancer | 3 |
| Don't know/Not sure | 4 (7) |
| Refused | 5 (9) |

94. A pap smear is a test for cancer of the cervix. Have you ever had a pap smear?

- | | | |
|---------------------|---------------------|-------|
| | Yes | 1 |
| | No | 2 |
| SKIP TO Q.97 <----- | Don't know/Not sure | 3 (7) |
| | Refused | 4 (9) |

95. How long has it been since you had your last pap smear? READ 1-5 ONLY IF NECESSARY

- | | |
|--|-------|
| Within the past year (1 to 12 months ago) | 1 |
| Within the past 2 years (1 to 2 years ago) | 2 |
| Within the past 3 years (2 to 3 years ago) | 3 |
| Within the past 5 years (3 to 5 years ago) | 4 |
| 5 or more years ago | 5 |
| ----- | |
| Don't know/Not sure | 6 (7) |
| Refused | 7 (9) |

96. Was your last pap smear done as part of a routine exam, or to check a current or previous problem?

- | | |
|-----------------------------------|-------|
| Routine exam | 1 |
| Check current or previous problem | 2 |
| Other | 3 |
| Don't know/Not sure | 4 (7) |
| Refused | 5 (9) |

97. Have you had a hysterectomy (that is an operation to remove the uterus/womb)?

- | | | |
|---------------------|---------------------|-------|
| SKIP TO Q.99 <----- | Yes | 1 |
| | No | 2 |
| CONTINUE <----- | Don't know/Not sure | 3 (7) |
| | Refused | 4 (9) |

IF 45 YEARS OR OLDER OR DK/REF Q.64, SKIP TO Q.99

98. To your knowledge, are you now pregnant?

- | | |
|---------------------|-------|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 3 (7) |
| Refused | 4 (9) |

IF 65 OR OLDER, SKIP TO Q.117

99. The next few questions are about the national health problem of AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

Would you be willing to work next to or near a person who you know is infected with the AIDS virus?

- | | |
|---------------------|-------|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 3 (7) |
| Refused | 4 (9) |

100. If you had a child in school, would you allow him or her to be in the same classroom with another child who is infected with the AIDS virus?

- | | |
|---------------------|-------|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 3 (7) |
| Refused | 4 (9) |

101. If you had a child in school, at what grade do you think he or she should begin AIDS education in school?

- | | |
|-------------------------|--------|
| First grade | 1 |
| Second grade | 2 |
| Third grade | 3 |
| Fourth grade | 4 |
| Fifth grade | 5 |
| Sixth grade | 6 |
| Seventh grade | 7 |
| Eighth grade | 8 |
| Ninth grade (freshman) | 9 |
| Tenth grade (sophomore) | A |
| Eleventh grade (junior) | B |
| Twelfth grade (senior) | C |
| Kindergarten | D (55) |
| Never | E (88) |
| Don't know/Not sure | F (77) |
| Refused | G (99) |

102. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

- | | |
|-------------------------|-------|
| Yes | 1 |
| No | 2 |
| Would give other advice | 3 |
| Don't know/Not sure | 4 (7) |
| Refused | 5 (9) |

103. What are your chances of getting the AIDS virus? Would you say. . .
READ 1-4

- | | |
|----------------------------------|-------|
| High | 1 |
| Medium | 2 |
| Low | 3 |
| Or none | 4 |
| ----- | |
| SKIP TO Q.109 <---Not applicable | 5 |
| Don't know/Not sure | 6 (7) |
| Refused | 7 (9) |

104. In the past year, have your chances of getting the AIDS virus increased, decreased, or stayed the same?

- | | |
|---------------------|-------|
| Increased | 1 |
| Decreased | 2 |
| Stayed the same | 3 |
| Don't know/Not sure | 4 (7) |
| Refused | 5 (9) |

105. Have you ever had your blood tested for the AIDS virus infection?

- | | | |
|----------------------|---------------------|-------|
| SKIP TO Q.109 <----- | Yes | 1 |
| | No | 2 |
| CONTINUE <----- | Don't know/Not sure | 3 (7) |
| | Refused | 4 (9) |

106. Have you donated blood since March 1985?

CONTINUE <-----	Yes	1	
	No	2	
SKIP TO Q.115 <-----	Don't know/Not sure		3 (7)
	Refused	4 (9)	

107. When did you last donate blood? PROBE FOR MONTH AND YEAR.
(77 = DON'T KNOW/NOT SURE, 99 = REFUSED)

107. Month:

108. Year:

SKIP TO Q.115

109. When was your last AIDS blood test? PROBE FOR MONTH AND YEAR. (77 = DON'T KNOW/NOT SURE, 99 = REFUSED)

109. Month:

110. Year:

111. What was the main reason you had your last AIDS blood test?

For hospitalization or surgical procedure	1
To apply for health insurance	2
To apply for life insurance	3
For employment	4
To apply for a marriage license	5
For military induction or military service	6
For immigration	7
Just to find out if you were infected	8
Because of referral by a doctor	9
Because of pregnancy	A
Referred by your sex partner	B
Because it was part of a blood donation process	C
For routine check-up	D
Because of occupational exposure	E
Because of illness	F
Other	G (87)
Don't know/Not sure	H (77)
Refused	I (99)

112. Where did you have your last blood test for the AIDS virus?

- | | |
|---|--------|
| Private doctor, HMO | 1 |
| Blood bank/Plasma center/Red Cross | 2 |
| Health department | 3 |
| AIDS clinic, counseling, testing site | 4 |
| Hospital, emergency room, Outpatient clinic | 5 |
| Family-planning clinic | 6 |
| Prenatal clinic | 7 |
| Tuberculosis clinic | 8 |
| STD clinic | 9 |
| Community health clinic | A |
| Clinic run by employer | B |
| Insurance company clinic | C |
| Other public clinic | D |
| Drug treatment facility | E |
| Military induction or military service site | F |
| Immigration site | G |
| At home, home visit by nurse or health worker | H |
| Other | I (87) |
| Don't know/Not sure | J (77) |
| Refused | K (99) |

113. Did you receive the results of your last test?

- | | | |
|----------------------|---------------------|-------|
| CONTINUE <----- | Yes | 1 |
| | No | 2 |
| SKIP TO Q.115 <----- | Don't know/Not sure | 3 (7) |
| | Refused | 4 (9) |

114. Did you receive counseling or talk with a health care professional about the results of your test?

- | | |
|---------------------|-------|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 3 (7) |
| Refused | 4 (9) |

115. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think a properly used condom is for this purpose, would you say . . . READ 1-3

- | | |
|--------------------------|-------|
| Very effective | 1 |
| Somewhat effective | 2 |
| Or not at all effective | 3 |
| ----- | |
| Don't know how effective | 4 |
| Don't know method | 5 |
| Refused | 6 (9) |

116. Have you personally ever known anyone with AIDS or the AIDS virus?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

SKIP TO Q.118

Finally, I have just a few questions left about some other health topics.

117. (IF 65 OR OLDER) I have one question on educating children about certain kinds of health risks. At what grade level do you think a child should begin venereal disease or sexually transmitted disease education in school?

118. I have another question on educating children about certain kinds of health risks. At what grade level do you think a child should begin venereal disease or sexually transmitted disease education in school?

119. (COMBINES Q.117 & 118)	First grade	1	1
	Second grade	2	2
	Third grade	3	3
	Fourth grade	4	4
	Fifth grade	5	5
	Sixth grade	6	6
	Seventh grade	7	7
	Eighth grade	8	8
	Ninth grade (freshman)	9	9
	Tenth grade (sophomore)	A	A
	Eleventh grade (junior)	B	B
	Twelfth grade (senior)	C	C
	Kindergarten	D (55)	D (55)
	Never	E (88)	E (88)
	Don't know/Not sure	F (77)	F (77)
	Refused	G (99)	G (99)

120. Next, I have a question about smokeless tobacco. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff for six months or longer? PROBE FOR WHICH.

ASK Q.121 <-----	Yes, chewing tobacco	1
	Yes, snuff	2
	Yes, both	3
SKIP TO Q.126 <-----	No, neither	4
	Don't know/Not sure	5 (7)
	Refused	6 (9)

121. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? PROBE FOR WHICH

ASK Q.122 <-----	Yes, chewing tobacco	1
	Yes, snuff	2
	Yes, both	3
SKIP TO Q.124 <-----	No, neither	4
	Don't know/Not sure	5 (7)
	Refused	6 (9)

122. About how long have you been using smokeless tobacco products? ENTER MONTHS OR YEARS. 777 = Don't know/Not sure, 999 = Refused

123. ENTER	Months	1
	Years	2
	Other	3

SKIP TO Q.126

124. About how long did you use smokeless tobacco products? 777 = Don't know/Not sure, 999 = Refused

125. ENTER	Months	1
	Years	2
	Other	3

**IF YES, CODE 1, TO HEALTH COVERAGE IN Q.5, ASK Q.126-128
ALL OTHER FEMALES, SKIP TO Q.130, ALL OTHER MALES SKIP TO Q.133**

126- What type of health care coverage do you have? PROBE: Any others?
128. UP TO 3 RESPONSES

Basic Health Plan (state program)	1
HMO insurance such as Group Health or Kaiser	2
Indian Health Service	3
Medicare	4
Medicaid	5
Private insurance such as Blue Cross/Blue Shield or through an employer or union	6
Champus/VA/Military	7
Other (SPECIFY:)	8
Don't know/Not sure	9 (77)
Refused	A (99)

129. (FEMALES ONLY) Does your health insurance pay for mammograms? IF
NEEDED, SAY: Pay means cover either all or part of the costs.

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

FEMALES ONLY: IF HAD MAMMOGRAM IN PAST 1 YEAR, CODE 1, Q.89, SKIP TO Q.133
IF NEVER HAD MAMMOGRAM (Q.88, CODE 2, 3 OR 4), ASK Q.130
IF NO MAMMOGRAM IN PAST YEAR (Q.89 CODE 2), ASK Q.131
IF NO MAMMOGRAM IN PAST 2 YEARS, (Q.89, CODE 3-7), ASK Q.132

130. You said you've not had a mammogram. What is the most important reason
that you never had a mammogram. DO NOT READ

131. You said you've not had a mammogram in the past year. What is the most
important reason that you did not have a mammogram in the past year?
DO NOT READ.

132. You said you've not had a mammogram in the past 2 years. What is the most
important reason that you did not have a mammogram in the past 2 years?
DO NOT READ.

Not recommended by doctor/Never suggested	1	1	1
Not needed/Not necessary	2	2	2
Never heard of a mammogram	3	3	3
Cost/Not covered by insurance/Have no insurance	4	4	4
Any age-related comments (SPECIFY:)	5	5	5
Other (SPECIFY:)	6	6	6
Don't know/Not sure	7	7	7
Refused	8 (9)	8 (9)	8 (9)

133. Is there one particular clinic, health center, doctor's office, or
other place that you usually go to if you are sick or need advice about
your health? DO NOT PROBE FOR MORE THAN ONE PLACE.

CONTINUE <-----	Yes, one particular place	1
	Yes, more than one particular place	2
	No	3
SKIP TO Q.135 <---	Don't know/Not sure	4 (7)
	Refused	5 (9)

134. What kind of place do you go to most often -- a clinic, a health center, a hospital, a doctor's office, or some other place? IF HOSPITAL, SAY: Is this an outpatient clinic or the emergency room? IF CLINIC, SAY: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?

Doctor's office (group practice or doctor's clinic)	1
Hospital outpatient clinic	2
Hospital emergency room	3
Company or industry clinic	4
Health Center	5
Other (SPECIFY:)	6
Don't know/Not sure	7
Refused	8 (9)

SKIP TO Q.136

135. Which of these is the main reason you don't have a particular place you usually go. . READ 1-7

Have two or more usual doctors or places depending on what is wrong	1
Haven't needed a doctor	2
Previous doctor no longer available	3
Haven't been able to find the right doctor	4
Recently moved to area	5
Can't afford medical care	6
Or some other reason (SPECIFY:)	7 (8)

Don't know/Not sure	8 (7)
Refused	9

136. Next, I have a few questions about dental care. About how long has it been since you last had an oral screening or dental exam; by that I mean since you last visited a dental professional or nurse where you've had your mouth and teeth checked? READ 1-5

CONTINUE <-----	Within the past 6 months (0 to 6 months ago)	1
	Within the past 1 year (7 to 12 months ago)	2
	Within the past 2 years (13 to 24 months ago)	3
	Within the past 5 years (25 to 60 months ago)	4
	Or More than five years ago (61+ months ago)	5

SKIP TO Q.139 <-----	Don't know/Not sure	6 (7)
	Never	7 (8)
	Refused	8 (9)

137. Was any treatment recommended at your last exam? NOTE: Can include treatment done at same visit as the exam visit.

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.139 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

138. How much of the recommended treatment did you get, either at the time, or later; would you say. . .READ 1-3

All	1
Some, or	2
None	3

Don't know/Not sure	4 (7)
Refused	5 (9)

139. Was there a time during the last 12 months when you or anyone in your household needed to see a dentist, but could not because of the cost?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

IF NO CHILDREN IN HOUSEHOLD AGE 5-17, (Q.69-70, CODE 8 OR 9), SKIP TO Q.142

140. We are interested in children's use of bicycle helmets and you indicated you have at least one child between the ages of 5 and 17. What is the age of the youngest child in that age group?

Refused	99
---------	----

141. When riding a bicycle, how often does this youngest child wear a bicycle helmet; would you say. . .READ 1-5

All the time	1
Most of the time	2
Sometimes	3
Rarely, or	4
Never	5

Does not have/ride a bicycle	6
Don't know/Not sure	7
Refused	8 (9)

142. Have you, yourself, been in a boat in the past year less than 16 feet long? These boats include small motor boats, canoes, kayaks, and rafts.

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.144 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

143. Did you wear a life jacket the last time you were in a boat that was less than 16 feet long?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

144. Next are a few questions about gun safety. Do you keep a loaded gun in your house?

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.146 <-----	Don't know/Not sure	3 (7)
	_Refused	4 (9)

145. Is it a handgun?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

146. Finally, I would like to ask you about injuries you may have suffered as a result of accidents or violence. Have you suffered any injury which required medical treatment such as a visit to the doctor, clinic or hospital in the past 12 months?

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.149 <-----	Don't know/Not sure	3 (7)
	_Refused	4 (9)

147. If you have suffered several injuries, these next questions are about your most recent one. Where did you receive treatment for this injury? Was it. . .READ 1-3

In a doctor's office, clinic or first aid station	1
In a hospital emergency room	2
Or as an admitted patient to a hospital	3

Other (SPECIFY:)	4
Don't know/Not sure	5 (7)
Refused	6 (9)

148. Did you miss a day of work or restrict your normal activities for at least one day because of this most recent injury?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

149. That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

152.	IF DK/NS/REF Q.63, ENTER COUNTY FROM CARD COMPUTER WILL SET COUNTY CODE IN TO Q.79		
156.	(FIPS code set in) Code 53		
157.	(Stratum code set in) 1 Sample A		
159.	AREA CODE		
160-161.	PHONE NUMBER (entire number recorded, need to eliminate last two digits)		
164.	TOTAL HOUSEHOLD MEMBERS		
165.	TOTAL NUMBER OF MEN		
166.	TOTAL NUMBER OF WOMEN		
167.	Wind down	Yes	1 (9)
		No	2 (BLANK)
168.	ID NUMBER		
169.	DAY OF WEEK		
172.	RESPONDENT #		
173.	TIME OF DAY		
174/175.	DATE		
178.	(Record Number set in) Record Number 1		
179.	(disposition code set in) 01		
181.	ATTEMPT		
185.	IS THIS SPECIAL SAMPLE (YELLOW)?	Yes	1
		No	2